TALL TREE ADMINISTRATORS

FLEXIBLE BENEFITS PLAN

ELECTION FORM

Effective January 1, 2014 through December 31, 2014

PLAN INFORMATION

EMPLOYER NAME: Washington County **PLAN YEAR**: 2014

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME DATE OF HIRE SOCIAL SECURITY NUMBER

LAST FIRST MI

HOME ADDRESS

NUMBER AND STREET CITY STATE ZIP CODE

DATE OF BIRTH E-MAIL ADDRESS PHONE NUMBER GENDER ☐ M ☐ F

PARTICIPANT'S EFFECTIVE PLAN DATE _____ DATE OF FIRST PAYROLL DEDUCTION _____

ELECTION INFORMATION

I understand that the rules of the Internal Revenue Code allow me to use part of my salary on a pre-tax basis to purchase one of more of the following benefits.
I hereby elect to participate in my employer's Flexible Benefits Plan as indicated below.

BENEFIT ELECTIONS OPTIONS	ELECTION	DEDUCTION		
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) You can elect a maximum of $ 2500.00 per plan year.	Yes ☐ No ☐	$_____ PER PAY PERIOD	No. of Paychecks	$_____ ANNUAL
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCA) NOTE: DCA IS FOR CHILDCARE SERVICES ONLY Maximum of $5,000 per Plan Year if single parent or is married and filing a joint return. Maximum of $2,500 if married and filing separately.	Yes ☐ No ☐	$_____ PER PAY PERIOD	No. of Paychecks	$_____ ANNUAL

I have reviewed and understand the terms and conditions of this plan. I understand that I can not change or revoke this election at any time during the Plan Year unless I have a Qualifying Life Event change (including marriage, divorce, death, birth or adoption of a child, change or termination of spouse's employment, change in dependent care provider or such other events as the Plan Sponsor determines will permit a change or revocation of an election). I further acknowledge that I am responsible for keeping all receipts verifying all eligible expenses and must submit such receipts to my plan administrator for claims substantiation.

☐ YES, the benefits of the Plan have been explained to me and I elect to participate as indicated above.

OPTIONAL:

☐ I would like to request an additional card for my spouse or tax dependent. Cards are issued to the name of the user therefore, we need the name and social security of who you authorize a card to be issued.

There is an additional $5.00 fee per card. Name Social Security Number:

PARTICIPANT'S SIGNATURE X	DATE
HR'S SIGNATURE X	DATE

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